

Measure Applications
Partnership

Dual Eligible
Beneficiaries Workgroup
Web Meeting



NATIONAL
QUALITY FORUM

December 19, 2012

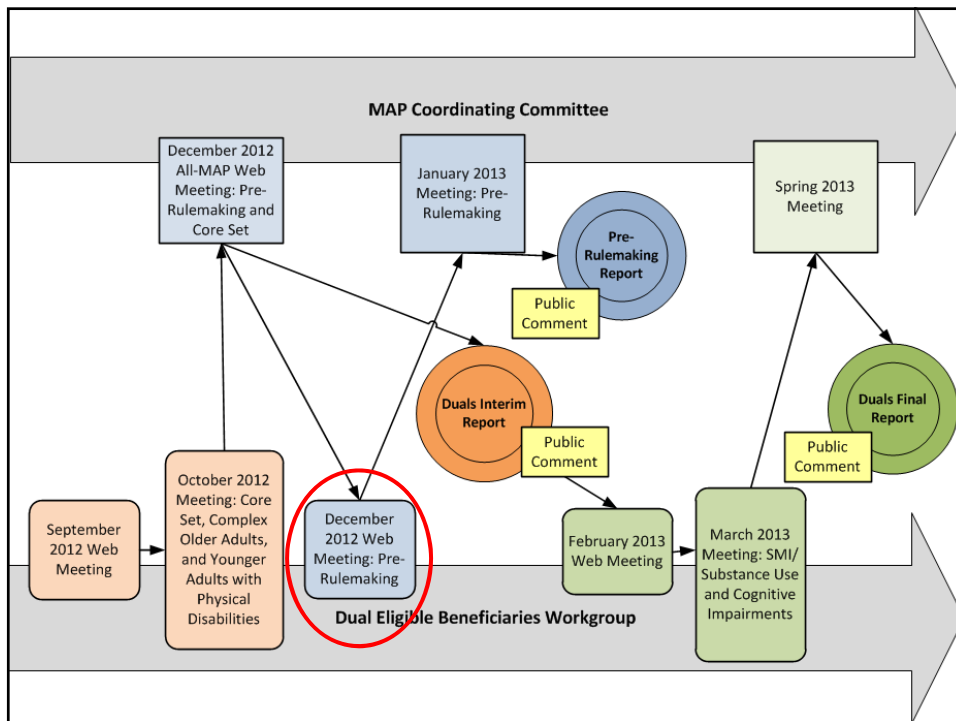
Welcome

Pre-Rulemaking Convening Activities

All-MAP	• December 4
Clinician	• December 10-11
Hospital	• December 12-13
PAC/LTC	• December 18
Duals	• December 19
Coordinating Committee	• January 8-9

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3



Meeting Objectives

- Review and discuss the results of MAP Clinician, Hospital, and Post-Acute Care/Long-Term Care Workgroup deliberations on pre-rulemaking input to HHS
- Provide additional cross-cutting input to MAP Coordinating Committee regarding the applicability and appropriateness of measures for dual eligible beneficiaries

Dual Eligible Beneficiaries Workgroup Membership

Workgroup Chair: Alice Lind, MPH, BSN

Organizational Members

American Association on Intellectual and Developmental Disabilities	Margaret Nygren, EdD
American Federation of State, County and Municipal Employees	Sally Tyler, MPA
American Geriatrics Society	Jennie Chin Hansen, RN, MS, FAAN
American Medical Directors Association	David Polakoff, MD, MsC
Center for Medicare Advocacy	Alfred Chiplin, JD, M.Div.
Consortium for Citizens with Disabilities	E. Clarke Ross, DPA
Humana, Inc.	George Andrews, MD, MBA, CPE, FACP, FACC, FCCP
L.A. Care Health Plan	Laura Linebach, RN, BSN, MBA
National Association of Public Hospitals and Health Systems	Steven Counsell, MD
National Association of Social Workers	Joan Levy Zlotnik, PhD, ACSW
National Health Law Program	Leonardo Cuello, JD
National PACE Association	Adam Burrows, MD
SNP Alliance	Richard Bringewatt

Dual Eligible Beneficiaries Workgroup Membership

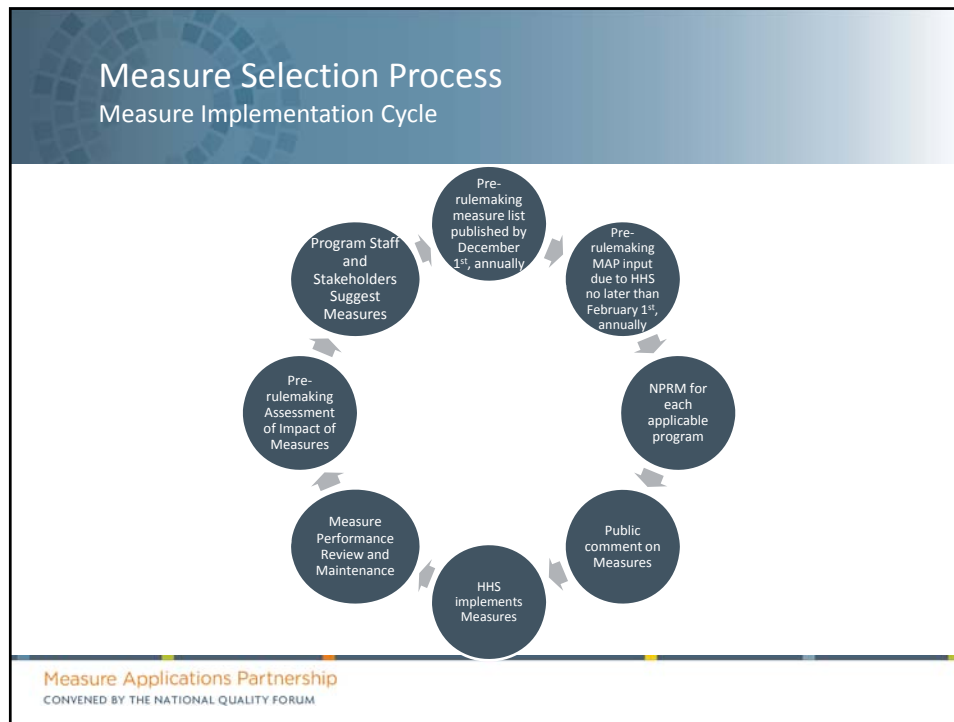
Subject Matter Experts

Substance Abuse	Mady Chalk, MSW, PhD
Disability	Anne Cohen, MPH
Emergency Medical Services	James Dunford, MD
Measure Methodologist	Juliana Preston, MPA
Home & Community Based Services	Susan Reinhard, RN, PhD, FAAN
Mental Health	Rhonda Robinson-Beale, MD
Nursing	Gail Stuart, PhD, RN

Federal Government Members

Agency for Healthcare Research and Quality	D.E.B. Potter, MS
CMS Federal Coordinated Healthcare Office	Cheryl Powell
Health Resources and Services Administration	Samantha Meklir, MPP
Administration for Community Living	Henry Claypool
Substance Abuse and Mental Health Services Administration	Frances Cotter, MA, MPH
Veterans Health Administration	Daniel Kivlahan, PhD

Using Evolving Core Measure Set for Dual Eligible Beneficiaries to Inform MAP Pre-Rulemaking



Information-Sharing Approach for Pre-Rulemaking

- Federal measurement programs have traditionally focused on a single setting of healthcare.
- To expand the use of measures that are relevant to the dual eligible population's unique needs, those types of measures must be added to existing programs.
- Where a measure from the Evolving Core Measure Set for Dual Eligible Beneficiaries is under consideration by HHS for use in a program, MAP should recommend it for inclusion.
- Liaisons from MAP Dual Eligible Beneficiaries Workgroup helped to carry communications between the groups and will report back during this web meeting.
- Written guidance customized to each setting-specific workgroup was also provided.

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10

Evolving Core Measure Set for Dual Eligible Beneficiaries	
NQF Measure Number/Status	Measure Name
NQF 0004 Endorsed	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment
NQF 0022 Endorsed	Use of High-Risk Medications in the Elderly
NQF 0028 Endorsed	Tobacco Use Assessment and Tobacco Cessation Intervention
NQF 0097 Endorsed	Medication Reconciliation
NQF 0101 Time-Limited Endorsement	Screening for Fall Risk
NQF 0209 Endorsed	Comfortable Dying: Pain Brought to a Comfortable Level Within 48 Hours of Initial Assessment
NQF 0228 Endorsed	3-Item Care Transition Measure
NQF 0260 Endorsed	Assessment of Health-related Quality of Life [Physical and Mental Functioning]
NQF 0326 Endorsed	Advance Care Plan
NQF 0418 Endorsed	Screening for Clinical Depression
NQF 0420 Endorsed	Pain Assessment Prior to Initiation of Patient Therapy
NQF 0421 Endorsed	Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up
NQF 0430 Endorsed	Change in Daily Activity Function as Measured by the AM-PAC
NQF 0557 Endorsed	HBIPS-6 Post Discharge Continuing Care Plan Created
NQF 0558 Endorsed	HBIPS-7 Post Discharge Continuing Care Plan Transmitted to Next level of Care Provider Upon Discharge

Evolving Core Measure Set for Dual Eligible Beneficiaries	
NQF Measure Number/Status	Measure Name
NQF 0576 Endorsed	Follow-up after Hospitalization for Mental Illness
NQF 0647 Endorsed	Transition Record with Specified Elements Received by Discharged Patients
NQF 0648 Endorsed	Timely Transmission of Transition Record
NQF 0729 Endorsed	Optimal Diabetes Care
NQF 1632 Endorsed	CARE – Consumer Assessments and Reports of End of Life
NQF 1626 Endorsed	Patients Admitted to ICU who Have Care Preferences Documented
NQF 1641 Endorsed	Hospice and Palliative Care – Treatment Preferences
NQF 1768 Endorsed	Plan All-Cause Readmissions
NQF 1789 Endorsed	Hospital-Wide All-Cause Unplanned Readmissions
NQF 1825 Endorsed	COPD – Management of Poorly Controlled COPD
NQF 1909 Endorsed	Medical Home System Survey
NQF 1919 Endorsed	Cultural Competency Implementation Measure
Multiple Surveys Endorsed	Consumer Assessment of Healthcare Providers and Systems (CAHPS) Surveys
Not Endorsed; to be added pending endorsement	Unhealthy Alcohol Use: Screening and Brief Counseling
Not Endorsed	SNP 6: Coordination of Medicare and Medicaid Coverage

Clinician Workgroup Progress

Input from Dual Eligible Beneficiaries Workgroup to Clinician Workgroup

- Clinicians can deliver high-quality care to dual eligible beneficiaries by focusing on the management of chronic conditions, including mental illness.
- Clinicians and the care teams within which they operate have a major role in facilitating successful care coordination and transitions.
- Clinicians are also expected to focus on the “Screening and Assessment” high-leverage opportunity area, working with an individual to understand their goals for care and taking appropriate steps to manage symptoms, medications, and risks.
- The Dual Eligible Beneficiaries Workgroup urged the Clinician Workgroup to focus on alignment opportunities presented by measures in the Evolving Core Measure Set for Dual Eligible Beneficiaries and their use across clinician measurement programs.

Clinician Programs with Measures Under Consideration

Programs

Physician Quality Reporting System (PQRS)

Physician Compare

Physician Feedback/Value-Based Payment Modifier (VBPM)

Medicare and Medicaid EHR Incentive Program for Eligible Professionals (MU-EP)

Medicare Shared Savings Program (MSSP)

Clinician Program Measures Under Consideration

Clinician Workgroup reviewed over 700 measures across programs:

- All MUC and current finalized PQRS measures are under consideration for Physician Compare and VBPM.
- All MUC and current finalized IQR and OQR measures are under consideration for PQRS and VBPM. These measures were proposed for clinician programs by hospital-based physicians (who would have the hospital's performance rate assigned to them).
- Clinician Workgroup provided input on types/categories of measures that would be most valuable for public reporting and payment purposes.

Duals Core Measures Incorporation in Clinician Programs

- Many measures in the Evolving Core Measure Set for Dual Eligible Beneficiaries are currently finalized for use in clinician programs.
- Clinician Workgroup concurred with the Dual Eligible Beneficiaries Workgroup's preference for outcome and composite measures.
- Discussing gap areas, the Clinician Workgroup noted clinician programs need additional measures of patient engagement and behavioral health.
- While there were multiple functional status assessment measures under consideration, the Clinician Workgroup would prefer measures that assess maintenance or improvement of function over time.

Outcome of Discussion Related to Duals Core Measures

Four measures from the Evolving Core Set specified for the clinician level of analysis were under consideration for PQRS:

- Patients Admitted to ICU Who Have Care Preferences Documented
- Hospice and Palliative Care – Treatment Preferences
- CAHPS® Surgical Care Survey
- CAHPS Adult Primary Care Survey: Shared Decision-Making
- *Based on the principles developed by the Clinician Workgroup, all should be supported for inclusion because they are endorsed.*
- *Other clinician-level measures from the Evolving Core Set might be under consideration in future years.*

Clinician Workgroup Guiding Principles for Applying Measures

Physician Quality Reporting System

- For endorsed measures, whether currently finalized or under consideration:
 - Include all NQF-endorsed measures relevant to clinician reporting to encourage engagement (the endorsement process addresses harmonization of competing measures)
- For measures that are not endorsed:
 - Measures currently finalized for the program
 - » Remove measures that have had endorsement removed or have been submitted for endorsement and were not endorsed
 - » Remove measures that are in endorsement reserve status (i.e., topped out), unless the measures are clinically relevant to specialties/subspecialties that do not currently have clinically relevant measures
 - Measures under consideration to be added to the program should focus on:
 - » Measures that support alignment (e.g., the most important measures used in MOC programs, registries)
 - » Outcome measures that are not already addressed by measures included in the program
 - » Measures that are clinically relevant to specialties/subspecialties that do not currently have clinically relevant measures

Clinician Workgroup Guiding Principles for Applying Measures

Physician Compare

- Include NQF-endorsed measures that focus on outcomes and are meaningful to consumers, purchasers, and providers.
- Focus on patient experience, functional status, care coordination, population health (e.g., risk assessment, prevention), and appropriate care (e.g., overuse) measures.
- To generate a comprehensive picture of quality, measure results should be aggregated (e.g., composite measures), with drill-down capability for specific measure results.

Clinician Workgroup Guiding Principles for Applying Measures

Value-Based Payment Modifier

- Include NQF-endorsed clinical quality measures that can be associated with particular cost or resource use measures to capture value.
- Focus on outcome measures, composites, or process measures that MAP has determined are proximal to outcomes (e.g., process measures selected for inclusion in a MAP family of measures).
- Monitor for unintended consequences to vulnerable populations (e.g., stratification).

Clinician Workgroup Guiding Principles for Applying Measures

Medicare and Medicaid EHR Incentive Program for Eligible Professionals

- Include endorsed measures, whether currently finalized for the program or under consideration, that have eMeasure specifications available (the endorsement process addresses issues of harmonization and competing measures)
- Over time, as health IT becomes more effective and interoperable, focus on:
 - Health IT-sensitive measures that provide information on whether electronic health records are changing care processes
 - Health IT-enabled measures that require data from multiple settings/providers or are longitudinal and would require a health IT-enabled collection platform to be fully operational

Clinician Workgroup Guiding Principles for Applying Measures

Additional Considerations

- A core set of measures that all clinicians, regardless of specialty, can report across all programs. The core set should focus on patient experience and engagement, coordination of care, and population health (e.g., health risk assessment, prevention).
- Measures should be tested at the appropriate level of analysis (e.g., individual, group, system) before inclusion in public reporting or payment programs. PQRS can serve as a mechanism for testing measures.

Discussion

Hospital Workgroup Progress

Input from Dual Eligible Beneficiaries Workgroup to Hospital Workgroup

- Hospitals can deliver high-quality care to dual eligible beneficiaries by ensuring that care is safe and appropriate.
- Improvement can be achieved by developing relationships between health systems and community services to reduce readmissions from both community and long-term care settings.
- A mix of creativity and compassion may be needed to deal with challenges posed by emergency department crowding and “frequent users.”
- Considering the heterogeneity of the population, the Dual Eligible Beneficiaries Workgroup encourages broad thinking about measures of care coordination, patient experience, and outcomes.

Hospital Programs and Measures Under Consideration

Programs	Number of Measures Under Consideration
Hospital Inpatient Quality Reporting (IQR)	21
Hospital Value-Based Purchasing (VBP)	18
Hospital Outpatient Quality Reporting (OQR)	7
Medicare and Medicaid EHR Incentive Program for Hospitals and CAHs (Meaningful Use)	1
Prospective Payment System (PPS) Exempt Cancer Hospital Quality Reporting	19
Inpatient Psychiatric Facility Quality Reporting	5
Hospital Readmission Reduction Program	6
Hospital-Acquired Conditions (HAC) Payment Reduction	18
Medicare Shared Savings Program (MSSP)	0
Ambulatory Surgical Center (ASC) Quality Reporting	5

Hospital Workgroup: Guiding Principles for Applying Measures to Public Reporting and Payment Programs

- **Public Reporting** – Hospital Inpatient Quality Reporting
 - Gain experience collecting and publically reporting measures, then consider for payment programs, unless compelling evidence

- **Payment** – Hospital Value-Based Purchasing
 - Measures should address areas of variation in quality and opportunities for improvement
 - Measures should address areas where:
 - » Hospitals are earlier in improvement efforts
 - » There is evidence of potential unintended consequences
 - » Optimal benchmark is yet to be determined—may not be zero

Hospital Workgroup: Guiding Principles for Applying Measures to Public Reporting and Payment Programs

- **Payment** – Readmission Reduction Program and HAC Payment Reduction Program
 - Measures should address areas of variation in quality and high volume
 - Consider overlapping incentives and avoid potential unintended consequences of additive penalties (e.g., overuse of antibiotics to avoid any healthcare-acquired infection)
- **Example: Catheter-Associated Urinary Tract Infections**
 - Workgroup supported this measure for Hospital VBP, but not the HAC Payment Reduction Program
 - » Optimal benchmark for this measure is not zero; potential for antibiotic overuse

Outcome of Discussion Related to Duals Core Measures

- **HCAHPS (NQF #0166)**
 - Current finalized measure in IQR and Hospital VBP
 - Hospital Workgroup supported the direction of this measure for PPS-exempt Cancer Hospital Quality Reporting
 - » A number of these hospitals are piloting a cancer-specific module of CAHPS at this time, while others are using a similar survey by Press Ganey
 - » The Workgroup believed this was very important and supported the direction at this time because the cancer module is not yet ready
- **3-Item Care Transition Measure (NQF #0228)**
 - Current finalized measure in IQR
 - Workgroup supported for Hospital VBP

Outcome of Discussion Related to Duals Core Measures

- Follow-up After Hospitalization For Mental Illness (NQF #0576)
 - Workgroup supported for Inpatient Psychiatric Facility Quality Reporting
 - » Noted measure may be burdensome to collect; however, important to have this follow-up and pushes hospitals to make stronger community links
 - » Noted it may be appropriate to consider psych measures for IQR in the future
- Hospital-wide All Cause Unplanned Readmission (NQF #1789)
 - Workgroup supported for IQR, pending NQF-endorsement of the updated version
 - » Measure was supported for IQR last year as well
 - » Measure steward is improving the measure by adding more planned readmissions to the algorithm

Perspective from the Dual Eligible Beneficiaries Workgroup Liaison to the Hospital Workgroup

Discussion

PAC/LTC Workgroup Progress

Input from Dual Eligible Beneficiaries Workgroup to Post-Acute Care/Long-Term Care Workgroup

- Post-Acute Care and Long-Term Care providers can deliver high-quality care to dual eligible beneficiaries by emphasizing person-centeredness and responsiveness to an individual's goals for care.
- Attention should be paid to delivering services in the least intense setting that is realistic for the beneficiary.
- Common themes and points of discussion include functional status and quality of life.
- Dual Eligible Beneficiaries Workgroup advocated for background research on the ESRD population to explore the possibility of measure stratification by dual eligible beneficiary status.

PAC/LTC Programs and Measures Under Consideration

Programs	Number of Measures Under Consideration
Home Health Quality Reporting	2
Nursing Home Quality Initiative and Nursing Home Compare Measures	5
Inpatient Rehabilitation Facility Quality Reporting (IRF)	10
Long-Term Care Hospital Quality Reporting (LTCH)	29
Hospice Quality Reporting	7
End Stage Renal Disease Quality Management (ESRD)	21

MAP PAC/LTC Workgroup: Overarching Themes

- Measures Needed in All Programs
 - Attainment of goals
 - Medication management / medication reconciliation
 - Functional and cognitive status
 - Patient and family experience of and engagement in care
 - Transitions in care
- Readmissions
 - Support direction of readmission measures under consideration in most settings
 - Input on indexing event, risk adjustment
 - Balance standardization for alignment with customization to recognize unique needs

MAP PAC/LTC Workgroup: Overarching Themes

- Structural measures
 - Program measure sets should expand beyond process and outcome measures
 - Lack of health information infrastructure
- Numerous gaps remain in transitioning the measures to focus on individuals' goals for their care
 - Goal-directed care coordination
 - PROs on pain management
 - Individual's plan of care

Outcome of Discussion Related to Duals Core Measures

Measure Name	Program in Which Measure Is Under Consideration	MAP Decision
Medication Reconciliation (#0097)	Long-Term Care Hospital Quality Reporting (LTCH)	Support Direction
HCAHPS (#0166)	LTCH	Support Direction
3-Item Care Transition Measure (#0228)	LTCH	Support Direction
CAHPS In-Center Hemodialysis Survey (#0258)	End-Stage Renal Disease Quality Reporting	Support
Transition Record with Specified Elements Received by Discharged Patients (Discharges from an Inpatient Facility to Home/Self Care or Any Other Site of Care) (#0647)	LTCH	Support Direction
Timely Transmission of Transition Record (Discharges from an Inpatient Facility to Home/Self Care or Any Other Site of Care) (#0648)	LTCH	Support Direction
Hospice and Palliative Care – Treatment Preferences (#1641)	Hospice Quality Reporting	Support

Perspective from Dual Eligible Beneficiaries Workgroup Liaison to PAC/LTC Workgroup

Discussion

Priorities and Questions for MAP Coordinating Committee

- Experience with Evolving Core Measure Set for Dual Eligible Beneficiaries demonstrates success in aligning measures across programs spanning the continuum of care
 - 12 measures from Evolving Core Set in use across 2 or more programs
 - 6 measures from Evolving Core Set finalized in 1 program
 - Additional measures supported for inclusion by MAP
- Priority areas for gap-filling
 - Experience of care
 - Functional status
 - Mental / behavioral health
- Others?

Opportunity for Public Comment

Summary and Next Steps

Dual Eligible Beneficiaries Interim Report Update

- Many comments received – thank you
 - Workgroup members and chair
 - CMS
 - NQF staff
- Pre-publication and layout
- Available via the NQF site on or before December 28
- Comment period of 30 days in January

Important Dates

- December 28: Interim Duals Report Due to HHS
- January 2-31: Public Comment on Interim Duals Report
- January 8-9: MAP Coordinating Committee Meeting
- Mid-January: Public Comment on MAP Pre-Rulemaking Report
- February 1: MAP Pre-Rulemaking Report Due to HHS
- Mid-February: Web Meeting of Dual Eligible Beneficiaries Workgroup (*tentative*)
- Mid-March: In-Person Meeting of Dual Eligible Beneficiaries Workgroup (*tentative*)



Thank You!